

CONSENT AND CERTIFICATION OF CAMPER FORM

Camper's First Name: _____ Last Name: _____

PARENT / LEGAL GUARDIAN (OR LEGAL ADULT CAMPER) CONSENT AND CERTIFICATION:

- Yes No I, the undersigned, being the parent/legal guardian of the Camper named above (**or where "I, the undersigned" could also include any legal adult Camper consenting for himself/herself, whereas "Camper" hereafter would be defined as the legal adult Camper himself/herself in all instances in this section**), do hereby consent to the participation of said Camper in all scheduled activities during the Iowa District Youth Camp and any other activities customarily associated with this camp. Further, I certify that Camper is physically fit and adequately prepared to participate in all sporting events (unless otherwise noted in the medical information).
- Yes No I have read and understand the Camp Policy and Dress/Conduct Code and have advised Camper of these rules and their obligation to abide by them.
- Yes No I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached (or as a legal adult Camper am incapacitated or unable to make appropriate judgement), I authorize the calling of a doctor and the providing of necessary medical services in the event that Camper is injured or becomes ill. I authorize the camp nurse or any one or more of the Executive Youth Camp Staff members to make emergency medical care decisions on behalf of Camper, if required by law or health care provider. I understand that the Iowa District UPC will not be responsible for medical expenses incurred solely on the basis of this authorization. I agree to notify the Iowa District UPC in the event of any health changes that would restrict Camper's participation in any normal youth camp activities. I understand that adult supervisors reserve the right to withhold Camper from any activity they feel is outside the physical capabilities of said Camper.
- Yes No I also understand that my personal insurance (if applicable) is primary coverage and the Youth Camp's insurance is secondary. I agree to and hereby release from all liability, personal and/or property, and hold harmless the Iowa District UPC, its subsidiaries, trustees, employees, agents, sponsors and volunteers from all legal responsibility, including claims, demands and lawsuits resulting from or related to any incidents arising from or connected in any manner with the Iowa District U.P.C. Youth Camp, including, but not limited to, liability, damages and legal fees or costs caused by or related to the negligence or intentional act of the Iowa District U.P.C., its subsidiaries, its trustees, agents, sponsors or volunteers.
- Yes No I understand Camper will not be admitted to Camp if they have lice or nits; and if lice or nits are found, it is my responsibility to pick up Camper.
- Yes No I have reviewed the above information, including specifically the **Consent and Certification, Medical Treatment Authorization and Head Lice Policy sections**. I do hereby grant authorizations as requested.

Required Parent/Guardian or Legal Adult (18) Camper Signature: _____ **Date:** _____

CAMPER CONSENT:

- Yes No I have read and agree to abide by the camp rules and dress codes, and remain respectful, obedient and cooperative at all times.

Required Camper's Signature: _____ **Date:** _____

CHURCH INFORMATION & PASTOR CONSENT:

- Yes No I have advised Camper of all camp rules and their obligation to abide by them, and I hereby pledge to support all camp policies. I approve this Camper for attendance at Iowa District UPCI Camps. I understand that I also will be responsible for the conduct of the applicant and I will be notified of any misconduct.

Required Signature of UPCI Licensed Pastor: _____ **Date:** _____

PRINTED Pastor's Name (First & Last): _____ Pastor's Phone #: (_____) _____

Church Name: _____

Church City: _____ Church Phone #: (_____) _____